

**Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)**  
**290 Broadway-21<sup>st</sup> Floor**  
**New York, NY 10007-1866**

**NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark <i>P. 9.10.10</i>	Date Received <i>P. 9.10.10</i>	Notification <i>218 381</i>
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**I. TYPE OF NOTIFICATION** (O = Original / R = Revised) : **Original**

**II. FACILITY INFORMATION** (Identify owner, removal contractor, and other operator)

OWNER: Westchester Medical Center

Address: 95 Grasslands Road

City: Valhalla

State: New York

ZIP: 10595

Contact: Michael Praskievicz

Tel: 914-493-7912

REMOVAL CONTRACTOR: JVN Restoration Inc.

Address: 47 Foster Road

City: Staten Island

State: New York

ZIP: 10309

Contact: John Tardy

Tel: 718-605-6256

Address:

OTHER OPERATOR:

Contact:

Tel:

**III. TYPE OF OPERATION** ( D = Demolition / R = Renovation) : **R / Asbestos Removal Only**

**IV. IS ASBESTOS PRESENT?** (Yes/No): **yes**

**V FACILITY DESCRIPTION** (include building name, number and floor or room number): **Macys Pavillion**

Building: Westchester Medical Center

Address: 95 Grasslands Road

Address:

City Valhalla

State: New York

County: Westchester

Site Location: Westchester Medical Center

Building Size

SqMeter:

SqFt:  
100000

# of Floors:

Age in Years  
50+

Present Use: Hospital

Prior Use: Hospital

**VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:** Bulk/PLM (AHERA)

**VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:**

	RACM to be Removed Category II	Non-friable Asbestos Material not to be removed Category I
PIPES - Linear Feet		
PIPES- Linear Meters		
Surface Area - Square Feet	700	
Surface Area - Square Meters		
Volume RACM off Facility Component - Cubic Feet		
Volume RACM off Facility Component - Cubic Meters		

**xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL:** (MM/DD/YY) Start: 9/8/2010 Completion: 12/31/2010

**X. SCHEDULED DATES OF DEMOLITION/RENOVATION:** (MM/DD/YY) Start: Completion:

**X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**  
N/A

**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:**  
Negative air machines under HEPA filtration system. Wet Methods.

**XII. WASTE TRANSPORTER #1**

Name: Express Waste Services

Address: 614 Frelinghuysen Avenue

City: Newark

State: New Jersey

ZIP: 07114

Contact Person:

Telephone:

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

**XIII. WASTE DISPOSAL SITE**

Name: Cumberland County Landfill

Address:

City: Newburg

State: PA

ZIP: 17242

Telephone: 717 423-5917

**XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW**

Name: N/A

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

**XV. FOR EMERGENCY RENOVATIONS**

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

**XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

**XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).**

Signature of Owner/Operator

John Tardy

Project Manager

8/27/2010

Date

**XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**

Signature of Owner/Operator

John Tardy

Project Manager

8/27/2010

Date